

Marriage and Family Therapist License Renewal Application

(Please type or print in black ink)

LICENSE # _____

NAME _____ SS NO. _____
(First) (Last)

Any other name, which MIGHT have appeared on your license: maiden name, nickname, etc.

Current licensure status: ☐ Probationary ☐ Active ☐ Inactive

Mailing Address _____ Tel. No. _____

(City) _____ (State) _____ (Zip) _____ (County) _____

Current Employment _____ Title of Position _____

Business Address _____ Tel. No. _____

(City) _____ (State) _____ (Zip) _____ (County) _____

Since your last renewal, have you been convicted of any violation of the law (except minor traffic violations)
(If yes, attach full explanation) ☐ Yes ☐ No

Do you state by means of this application that you are in full compliance with the STANDARDS OF CONDUCT set forth in the Rules and Regulations Manual (pages 7-10) ☐ Yes ☐ No
(If no, attach full explanation)

I have read and understand the current edition of the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists Rules and Regulations for Licensed Marriage and Family Therapists within the preceding 90 days. Furthermore, I agree to comply with the requirements stated therein.

I hereby swear or affirm under the penalties of perjury that
the foregoing information is true.

Signature

Date

Renewal Fee: \$200

All fees are non-refundable Make cashier's check or money order, payable to MBOE

CONTINUED EDUCATION REQUIREMENTS: All licensed marriage and family therapists must complete twenty-four (24) hours of continuing education during every two (2) year licensure period. Four (4) out of the 24 must be in professional ethics.

Mail to: MBOE
PO Box 4508
Jackson, MS 39296-4508

FOR OFFICE USE ONLY:

Date _____

Cashier's Check or M.O. #: _____ Amount: _____ on check: _____

Name on check if different from licensee: _____